

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2016 FEB -5 PM 12:17  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

RON COHEN FOR CONGRESS 2016

ADDRESS (number and street)

39270 PASEO PADRE PARKWAY #249



Check if different than previously reported. (ACC)

FREMONT

CA

94538

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C00591784

3. IS THIS REPORT

☒ NEW (N)

OR

☐ AMENDED (A)

STATE ▼ DISTRICT

CA

17

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

1 1 / 0 2 / 2 0 1 5

through

1 2 / 0 1 / 2 0 1 6

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

RONALD H. COHEN, CPA

Signature of Treasurer

Ronald H. Cohen, CPA

Date

0 2 / 0 1 / 2 0 1 6

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only

**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

## of Receipts and Disbursements

Write or Type Committee Name

RON COHEN FOR CONGRESS 2016

Report Covering the Period:

From:

11/02/2015

To:

12/31/2015

## 6. Net Contributions (other than loans)

(a) Total Contributions  
(other than loans) (from Line 11(e)) ....

3,626.55

3,626.55

(b) Total Contribution Refunds  
(from Line 20(d)) .....

00

00

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) .....

3,626.55

3,626.55

## 7. Net Operating Expenditures

(a) Total Operating Expenditures  
(from Line 17) .....

926.55

926.55

(b) Total Offsets to Operating  
Expenditures (from Line 14) .....

00

00

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) .....

926.55

926.55

8. Cash on Hand at Close of  
Reporting Period (from Line 27) .....

2,700.00

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

00

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

00

For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

**RON COHEN FOR CONGRESS 2016**

Report Covering the Period:

From:

11 02 2015

To:

12 31 2015

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A) .....

(ii) Unitemized .....

(iii) TOTAL of contributions from individuals ▶

(b) Political Party Committees .....

(c) Other Political Committees (such as PACs) .....

(d) The Candidate .....

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

2700.00  
00  
2700.00  
00  
00  
926.55  
3626.55

2700.00  
00  
2700.00  
00  
00  
926.55  
3626.55

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

00

00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate .....

(b) All Other Loans .....

(c) TOTAL LOANS (add Lines 13(a) and (b)) .....

00  
00  
00

00  
00  
00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

00

00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

00

00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) .....** ▶

3626.55

3626.55

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

## **II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	9,265.55	9,265.55
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	00	00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	00	00
(b) Of All Other Loans.....	00	00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	00	00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	00	00
(b) Political Party Committees.....	00	00
(c) Other Political Committees (such as PACs).....	00	00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	00	00
21. OTHER DISBURSEMENTS.....	00	00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	9,265.55	9,265.55

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	000
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	36,265.55
25. SUBTOTAL (add Line 23 and Line 24).....	36,265.55
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9,265.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	27,000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 1 OF 2	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

RON COHEN FOR CONGRESS 2016

Full Name (Last, First, Middle Initial)

A. OLSEN, ALAN L.

Mailing Address

38337 BRONSON ST.

City

FREMONT

State

CA

Zip Code

94536-5305

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

12 / 17 / 2015

Amount of Each Receipt this Period

270000

Name of Employer

GREENSTEIN, ROLOFF, OLSEN & CO., LLP

Occupation

CERTIFIED PUBLIC ACCOUNTANT

Receipt For:

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

270000

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

12 / 17 / 2015

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

12 / 17 / 2015

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

270000

270000

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE **1** OF **2**  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☒ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**RON COHEN FOR CONGRESS 2016**

Full Name (Last, First, Middle Initial)

**A. COHEN, RONALD H.**

Mailing Address

**40535 DOLORES PLACE**

City

**FREMONT**

State

**CA**

Zip Code

**94534**

FEC ID number of contributing  
federal political committee.

**C**

Date of Receipt

**12 / 31 / 2015**

Amount of Each Receipt this Period

**926.55**

Name of Employer

**GREENSTEIN, ROEDFF, OLSEN + CO, LLP**

Occupation

**CERTIFIED PUBLIC ACCOUNTANT**

Receipt For:

☒ Primary  
☐ Other (specify)

☐ General

Election Cycle-to-Date

**926.55**

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Date of Receipt

**MM / DD / YYYY**

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Date of Receipt

**MM / DD / YYYY**

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Election Cycle-to-Date

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

**926.55**

**926.55**

20150101 10:00:00 AM

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 4

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 19b 21

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NAME OF COMMITTEE (In Full)

RON COHEN FOR CONGRESS 2016

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. UNITED STATES POST OFFICE

Mailing Address

41041 TRIMBOLI WAY

City

FREMONT

State

CA

Zip Code

94538

Purpose of Disbursement

POSTAGE

001

Candidate Name

RONALD H. COHEN

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: CA

District: 17

Amount of Each Disbursement this Period

45.62

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. POSTAL ANNEX

Mailing Address

39270 PASEO PADRE PARKWAY

City

FREMONT

State

CA

Zip Code

94538

Purpose of Disbursement

MAIL BOX

001

Candidate Name

RONALD H. COHEN

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: CA

District: 17

Amount of Each Disbursement this Period

212.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. WIX

Mailing Address

218 MT. HERMON ROAD #E

City

SCOTTS VALLEY

State

CA

Zip Code

95066

Purpose of Disbursement

WEBSITE TEMPLATE

001

Candidate Name

RONALD H. COHEN

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: CA

District: 17

Amount of Each Disbursement this Period

74.50

SUBTOTAL of Disbursements This Page (optional)

332.12

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 4

☒ 17  
20a ☐ 18  
20b ☐ 19a  
20c ☐ 19b  
21

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NAME OF COMMITTEE (In Full)

RON COHEN FOR CONGRESS 2016

Full Name (Last, First, Middle Initial)

A. GODADDY

Mailing Address

1020 ENTERPRISE WAY

City

SUNNYVALE

State

CA

Zip Code

94089

Purpose of Disbursement

WEBHOSTING

Candidate Name

RONALD H. COHEN

001

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: CA

District: 17

Date of Disbursement

11 / 22 / 2015

Amount of Each Disbursement this Period

3668

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3668



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **3** OF **4**

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

**RON COHEN FOR CONGRESS 2016**

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. **GOOGLE ADWORD**

**12 31 2015**

Mailing Address

**1600 AMPHITHEATRE WAY**

City

**MOUNTAIN VIEW**

State

**CA**

Zip Code

**94043**

Purpose of Disbursement

**INTERNET FUNDRAISING**

**004**

Category/  
Type

Candidate Name

**RONALD H. COHEN**

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: **CA**

District: **17**

Full Name (Last, First, Middle Initial)

Amount of Each Disbursement this Period

**465.33**

B. **FACEBOOK**

Date of Disbursement

**12 18 2015**

Mailing Address

**1 FACEBOOK WAY**

City

**MENLO PARK**

State

**CA**

Zip Code

**94025**

Purpose of Disbursement

**INTERNET ADVERTISING**

**004**

Category/  
Type

Candidate Name

**RONALD H. COHEN**

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: **CA**

District: **17**

Full Name (Last, First, Middle Initial)

Amount of Each Disbursement this Period

**25.14**

C. **FACEBOOK**

Date of Disbursement

**12 26 2015**

Mailing Address

**1 FACEBOOK WAY**

City

**MENLO PARK**

State

**CA**

Zip Code

**94025**

Purpose of Disbursement

**INTERNET ADVERTISING**

**004**

Category/  
Type

Candidate Name

**RONALD H. COHEN**

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: **CA**

District: **17**

SUBTOTAL of Disbursements This Page (optional).....

**540.47**

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4 OF 4

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

RON COHEN FOR CONGRESS 2016

Full Name (Last, First, Middle Initial)

Date of Disbursement

12 / 31 / 2015

A. FACEBOOK

Mailing Address

1 FACEBOOK WAY

City

MENLO PARK

State

CA

Zip Code

94025

Purpose of Disbursement

INTERNET ADVERTISING

Candidate Name

RONALD H. COHEN

004

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: CA

District: 17

Amount of Each Disbursement this Period

1728

Full Name (Last, First, Middle Initial)

Date of Disbursement

12 / 31 / 2015

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

004

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Date of Disbursement

12 / 31 / 2015

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

004

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1728

92655

**SCHEDULE C (FEC Form 3)**

**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE ) OF )

FOR LINE NUMBER:  
(check only one)

☐ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

RON COHEN FOR CONGRESS 2016

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

00

00

00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY

MM / DD / YYYY

% (apr)

☐ Yes

☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

TOTALS This Period (last page in this line only)..... ▶

00  
00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

NOTED ON 05-01-0004000001

**SCHEDULE C-1 (FEC Form 3)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <div style="font-size: 1.2em; font-family: cursive;">RDN COHEN FOR CONGRESS 2016</div>		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 1.2em;">C</div>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; padding: 2px; font-size: 1.2em;">00</div>	Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; font-size: 1.2em;">  </div> %
Mailing Address		Date Incurred or Established <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">MM / DD / YYYY</div>	
City	State    Zip Code	Date Due <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">MM / DD / YYYY</div>	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">MM / DD / YYYY</div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; padding: 2px; font-size: 1.2em;">00</div>		Total Outstanding Balance: <div style="border: 1px solid black; padding: 2px; font-size: 1.2em;">00</div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes      (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;"> </div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;"> </div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">MM / DD / YYYY</div>			
Location of account: Address: _____ City, State, Zip: _____			
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;"> </div>			
G. COMMITTEE TREASURER Typed Name Signature		DATE <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">MM / DD / YYYY</div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">MM / DD / YYYY</div>	
Title			

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE OF

FOR LINE NUMBER:  
(check only one)

9  
10

NAME OF COMMITTEE (In Full)

RDN COHEN FOR CONGRESS 2016

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NONE

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

00

Amount Incurred This Period

00

Payment This Period

00

Outstanding Balance at Close of This Period

00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) .....

00

2) TOTALS This Period (last page this line number only) .....

00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....

00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....

00

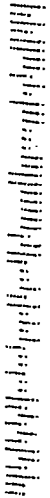
## FEC FORM 3Z (File with Form 3)

## CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

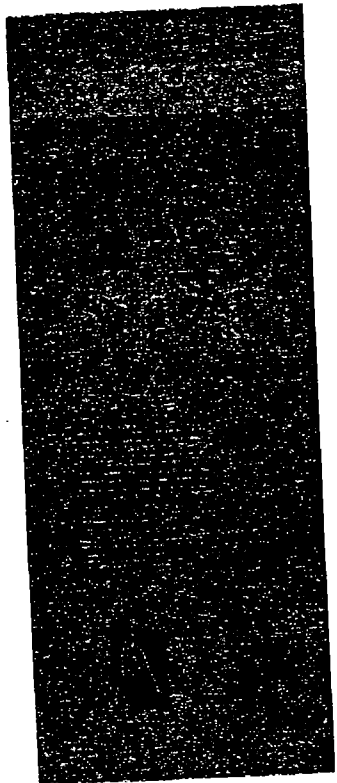
(To Be Used By A Principal Campaign Committee)


Name of Principal Campaign Committee (In Full) <b>RON COHEN FOR CONGRESS 2016</b>		Report Covering Period: From: <b>11/02/2015</b> To: <b>12/31/2015</b>				
Committee Name		(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees			
A <b>RON COHEN FOR CONGRESS 2016</b>		<b>2,700.00</b>	<b>0</b>			
B Column Total Last Page Only.....		<b>2,700.00</b>	<b>0</b>			
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	<b>0</b>	<b>926.55</b>	<b>3,626.55</b>	<b>0</b>	<b>0</b>	<b>0</b>
B	<b>0</b>	<b>926.55</b>	<b>3,626.55</b>	<b>0</b>	<b>0</b>	<b>0</b>
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,626.55</b>	<b>926.55</b>	<b>0</b>
B	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,626.55</b>	<b>926.55</b>	<b>0</b>
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
B	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	<b>0</b>	<b>0</b>	<b>926.55</b>	<b>0</b>	<b>2,700.00</b>	<b>0</b>
B	<b>0</b>	<b>0</b>	<b>926.55</b>	<b>0</b>	<b>2,700.00</b>	<b>0</b>
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	<b>0</b>	<b>3,626.55</b>	<b>926.55</b>			
B	<b>0</b>	<b>3,626.55</b>	<b>926.55</b>			

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[www.groco.com](http://www.groco.com) *CvHFN*

FEDERAL ELECTION COMMISSION  
999 E STREET, NW  
WASHINGTON, DC  
*20463*

TO

Federal Election Commission  
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PREPARER

2/5/16  
DATE PREPARED

(3/2015)

2016020500040007